

Home Investment Partnerships Program (HOME)
HOME PROGRAM APPLICATION
California Department of Housing and Community Development
Division of Community Affairs
P.O. Box 952054
Sacramento, CA 94252-2054
(916) 322-0356

This application, if approved for funding, will be a part of your standard agreement with the Department. In order to be considered for funding, all sections of this application, including attachments and exhibits must be complete and accurate. DO NOT REVISE THIS FORM IN ANY MANNER UNLESS OTHERWISE NOTED ON THE FORM ITSELF. ALL ATTACHMENTS SHOULD BE SUBMITTED AT THE END OF THE APPLICATION FORM. Use Exhibit A, Attachment Checklist, as an aid in completing the application. Refer to Sections 8200 through 8220 of the California Code of Regulations and the State of California HOME NOFA for further information.

If there are any questions about the application or if you require technical assistance, please contact program staff at the above address or phone number.

SECTION I: APPLICATION SUMMARY

- A. Name of Applicant: _____
- B. Applicant Address: _____
- C. Chief Executive Name and Title: _____
- D. Contact Person Name and Title: _____
- E. Telephone Number: _____ Fax Number: _____
- F. Location of Proposed Activities: If the same activity will be carried out in more than one jurisdiction or if it will be carried out in rural and non-rural areas, provide information for each location. Census tract information is only required if the activity will be carried out in a rural area. Fill in the chart below with the data requested:

Activity	Number of HOME-assisted units	HOME amount	City or County	Rural	Census Tract(s)
		\$			
		\$			
		\$			
		\$			
TOTAL		\$			

- G. \$_____ Total Amount of Activity Funds Requested
(Should be same as total in chart above):
- H. For State Recipient Only:
\$_____ Total Amount of State Recipient Administrative Funds Requested
(Cannot exceed five (5) percent of activity funds requested)
- I. For CHDOs Only:
\$_____ Total Amount of CHDO Operating Funds Requested
(Cannot exceed five (5) percent of activity funds requested)
- J. \$_____ Total HOME Funds Requested
(Cannot exceed maximum amount of funds available per application pursuant to the HOME NOFA)
- K. Brief Description of Each Activity

SECTION II: APPLICANT INFORMATION

- A. The applicant is a (check one):

- ☐ City
- ☐ County (Note: A county can only carry out activities in its unincorporated areas.)
- ☐ CHDO Certified by the Department within the last three years in accordance with Section 8204(b) of the State HOME Program Regulations
- If CHDO, address the following:

1. CHDO's role will be:
☐ Owner Name of Developer _____
☐ Developer Name of Owner _____
☐ Sponsor Name of Owner _____
Name of Developer _____
2. CHDO has requested that a city or county act as a state recipient to administer its local program
☐ Yes ☐ No

If yes, complete and submit Attachment 1. Capability for administration rating will be based on the experience of the city or county administering the CHDO applicant's local program or its administrative subcontractor.

3. Is the CHDO applicant requesting a CHDO loan as part of the total request for funds (cannot exceed 10 percent of the amount requested for activities)?
☐ Yes ☐ No

If yes, describe the uses and amount for each use.

- B. If the applicant is a city or county, is the local housing element of the General Plan in substantive compliance as of date applications are due to the Department pursuant to the HOME NOFA? This information will be confirmed by the Department's Housing Policy Division.
☐ Yes ☐ No ☐ Not Applicable
- C. Does the applicant have any unresolved audit findings for prior Department- or federally-funded housing or community development projects or programs? If yes, the applicant is not eligible.
☐ Yes ☐ No
- D. List applicant staff (names and position titles) available or indicate positions applicant commits to fill to operate the local HOME program and/or oversee the work of an administrative subcontractor, if any.

Name

Position

- E. Will the applicant use an administrative subcontractor to administer its program?
☐ Yes ☐ No

If yes, complete Section III.

- F. For CHDOs proposing that a city or county act as a State Recipient to administer its local program: Will the State Recipient use an administrative subcontractor to administer the CHDO applicant's HOME activity(ies)?
☐ Yes ☐ No

If yes, complete Section III.

- G. Complete and submit Attachment 2, "Information on City, County, or CHDO Administrative Capability", as indicated below. Check applicable situation.
☐ City or County applicant
☐ CHDO applicant (not proposing city or county to act as State Recipient)
☐ City or County (if CHDO applicant is proposing a city or county to act as a State Recipient)

SECTION III: ADMINISTRATIVE SUBCONTRACTOR INFORMATION Please note that the administrative subcontractor may not be an owner, developer or sponsor or have any other financial interest in any project which it is administering.

- A. Name: _____
- B. Address: _____
- C. Chief Executive Name and Title: _____
- D. Contact Person Name and Title: _____
- E. Phone Number: _____ Fax Number: _____
- F. Complete Attachment 3, "Information on Administrative Subcontractor Capability", for all administrative subcontractors, including those used by a city or county administering a CHDO applicant's activities.
- G. Does the administrative subcontractor have any unresolved audit findings for prior Department- or federally-funded housing or community development projects or programs? If yes, the proposed administrative subcontractor cannot act in that capacity.
☐ Yes ☐ No

SECTION IV: PROGRAM AND PROJECT INFORMATION

Indicate which programs or projects are contained in this application and the amount of funds requested. For each program or project, complete and submit the attachment indicated.

- A. Programs
 - 1. First-time Homebuyer Acquisition Only Program--Submit Attachment 4.
 \$ _____ HOME Activity Amount
 \$ _____ HOME Administration Amount
 - 2. First-time Homebuyer Acquisition and Rehabilitation Program--Submit Attachment 5.
 \$ _____ HOME Activity Amount
 \$ _____ HOME Administration Amount
 - 3. Owner-occupied Rehabilitation Program--Submit Attachment 6.
 \$ _____ HOME Activity Amount
 \$ _____ HOME Administration Amount
 - 4. Rental Acquisition without Rehabilitation Program--Submit Attachment 7.
 \$ _____ HOME Activity Amount
 \$ _____ HOME Administration Amount
 - 5. Rental Rehabilitation with or without Acquisition Program--Submit Attachment 8.
 \$ _____ HOME Activity Amount
 \$ _____ HOME Administration Amount
 - 6. Tenant-based Rental Assistance Program--Submit Attachment 9.
 \$ _____ HOME Activity Amount
 \$ _____ HOME Administration Amount

B. Projects (If proposing more than one project in each category fill out a separate attachment for each project.)

1. Rental New Construction Project--Submit Attachment 10.

Project Address_____

Total Units:_____

Total HOME Units:_____

\$_____HOME Activity Amount

\$_____HOME Administration Amount

2. Rental Acquisition without Rehabilitation Project--Submit Attachment 11

Project Address_____

Total Units:_____

Total HOME Units:_____

\$_____HOME Activity Amount

\$_____HOME Administration Amount

3. Rental Rehabilitation with or without Acquisition Project--Submit Attachment 12

Project Address_____

Total Units:_____

Total HOME Units:_____

\$_____HOME Activity Amount

\$_____HOME Administration Amount

4. First-time Homebuyer New Construction Project--Submit Attachment 13.

Project Address_____

Total Units:_____

Total HOME Units:_____

\$_____HOME Activity Amount

\$_____HOME Administration Amount

5. First-time Homebuyer Acquisition and Rehabilitation Project--Submit Attachment 14.

Project Address_____

Total Units:_____

Total HOME Units:_____

\$_____HOME Activity Amount

\$_____HOME Administration Amount

SECTION V. LEGISLATIVE REPRESENTATIVES

Indicate all Legislators who represent any portion of the proposed service area. If you have vacancies in your legislative seats, please list your district number and district address.

A. Members of the State Assembly

District number: _____

Name: _____

District

Address: _____

City: _____

Zip Code: _____

District number: _____

Name: _____

District

Address: _____

City: _____

Zip Code: _____

B. Members of the State Senate

District number: _____

Name: _____

District

Address: _____

City: _____

Zip Code: _____

District number: _____

Name: _____

District

Address: _____

City: _____

Zip Code: _____

C. Members of the U.S. House of Representatives

District number: _____

Name: _____

District

Address: _____

City: _____

Zip Code: _____

District number: _____

Name: _____

District

Address: _____

City: _____

Zip Code: _____

SECTION VI. GOVERNING BOARD RESOLUTION

Attach the resolution, duly executed by the governing board of the local jurisdiction or CHDO, granting authority to make application to the Department for a funding commitment from the HOME program. Label as "Attachment 15. Governing Board Resolution." A sample resolution is included in this application package as Exhibit B. Be sure that the resolution authorizes the signatory for submittal of this application, and the resolution is an action of the governing body of the applicant. If the application is signed by someone other than the person authorized in the resolution to sign, such as an assistant city manager, rather than the city manager who is designated in the resolution, submit evidence which shows that the person signing has the authorization to sign. Such evidence could be in the form of an ordinance or code, or an opinion from the jurisdiction's legal counsel of such authorization. Include such authorization in Attachment 15.

SECTION VII. APPLICANT CERTIFICATION AND COMMITMENT OF RESPONSIBILITY

As the official designated by the governing body, I hereby certify that if approved by the Department for a HOME funding allocation, the _____ (applicant name) assumes the responsibilities specified in the HOME regulations and certifies that:

- A. It possesses the legal authority to apply for the allocation and to execute the proposed program;
- B. It has resolved any audit findings for the prior Department- or federally-funded housing or community development projects or programs to the satisfaction of the Department or federal agency by which the finding was made;
- C. It is not currently suspended or debarred from receiving federal funds;
- D. Before committing funds to a project, it will evaluate the project in accordance with the guidelines it adopts for this purpose and will not invest any more HOME funds in combination with other governmental assistance than is necessary to provide affordable housing;
- E. If a CHDO, its board composition complies with and will continue to comply with the requirements for CHDOs in the definition contained in 24 CFR Section 92.2;
- F. It will comply with all statutes and regulations governing the HOME program;
- G. The information, statements, and attachments contained in this application are, to the best of my knowledge and belief, true and correct.

I authorize the Department of Housing and Community Development to contact any agency, whether or not named in this application, which may assist in determining the capability of the applicant. All information contained in this application is acknowledged to be public information.

Signature: _____ Title: _____

Type Name: _____ Date: _____

Please note: If the application is signed by someone other than the person authorized in the resolution, submit evidence which shows that the person signing has the authorization to sign in Attachment 15.

EXHIBIT A
ATTACHMENT CHECKLIST

Check if Applicable	Check if Included	Att. No.	Attachment Title
		1	State Recipient to Administer CHDO Applicant's Local Program
		2	Information on City, County or CHDO Capability
		3	Information on Administrative Subcontractor Capability
		4	Program: First-time Homebuyer Acquisition Only
		5	Program: First-time Homebuyer Acquisition and Rehabilitation
		6	Program: Owner-Occupied Rehabilitation
		7	Program: Rental Acquisition without Rehabilitation
		8	Program: Rental Rehabilitation with or without Acquisition
		9	Program: Tenant-Based Rental Assistance
		10	Project: Rental New Construction
		11	Project: Rental Acquisition without Rehabilitation
		12	Project: Rental Rehabilitation with or without Acquisition
		13	Project: First-time Homebuyer New Construction
		14	Project: First-time Homebuyer Acquisition and Rehabilitation
		15	Governing Board Resolution--Applicant
		16	Governing Board Resolution--State Recipient Administering CHDO's Program

EXHIBIT B
SAMPLE GOVERNING BOARD RESOLUTION

RESOLUTION NO. _____

THE GOVERNING BOARD OF

(Title of Applicant)

HEREBY AUTHORIZES THE SUBMITTAL OF AN APPLICATION TO THE CALIFORNIA STATE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT FOR FUNDING UNDER THE HOME INVESTMENT PARTNERSHIPS PROGRAM; THE EXECUTION OF A STANDARD AGREEMENT IF SELECTED FOR SUCH FUNDING AND ANY AMENDMENTS THERETO; AND ANY RELATED DOCUMENTS NECESSARY TO PARTICIPATE IN THE HOME INVESTMENT PARTNERSHIPS PROGRAM.

WHEREAS:

- A. _____ (name of Applicant), a political subdivision of the State of California, wishes to apply for and receive an allocation of funds through the HOME Investment Partnerships Program (hereinafter referred to as "HOME"); and
- B. The California Department of Housing and Community Development (hereinafter referred to as the "Department") has issued a Notice of Funding Availability for the HOME program and is authorized to approve funding allocations which will be made available directly through the U.S. Department of Housing and Urban Development (HUD) to be used for the purposes set forth in Title II of the Cranston-Gonzalez National Affordable Housing Act of 1990, the implementing regulations set forth in Title 24 of the Code of Federal Regulations, part 92, and Title 25 of the California Code of Regulations commencing with section 8200; and
- C. The _____ (name of Applicant) wishes to submit an application to obtain from the Department an allocation of HOME funds;

IT IS NOW THEREFORE RESOLVED THAT:

1. The _____ (name of Applicant) shall submit to the Department an application to participate in the HOME program in response to the NOFA issued on _____ which will request a funding allocation for the following activities:

(briefly describe the proposed activities)

located in _____
(program location (s))

2. If the application for funding is approved, the _____
(name of Applicant) hereby agrees to use the HOME funds for eligible activities in the manner presented in the application as approved by the Department and in accordance with regulations cited above. It also may execute any and all other instruments necessary or required by the Department or HUD for participation in the HOME program.
3. The _____ (name of Applicant) authorizes _____
[office or position titles of authorized person(s)] to execute in the name of the _____
(name of Applicant), the application, the Standard Agreement, and all other documents required by the Department or HUD for participation in the HOME program, including: drawdown requests, quarterly performance reports, annual performance reports and environmental certifications as the Certifying Officer, and any amendments thereto.

PASSED AND ADOPTED THIS ____ DAY OF _____, 20____, BY THE FOLLOWING VOTE:

AYES: ____ NAYS: ____ ABSTAIN: ____ ABSENT: ____

The undersigned _____ (title of officer) of the _____
_____ (name of Applicant) therefore named does hereby attest and certify
that the foregoing is a true and full copy of a resolution of the Governing Board adopted at a duly convened meeting
on the date above-mentioned, which has not been altered, amended or repealed.

Signature Date

NOTES:

1. This is intended to be a sample resolution authorizing submittal of an application to the Department. Applicants may use their own format if it contains all of the authorizations contained in this sample.
2. CHDOs are advised that an authorizing resolution must be submitted with all applications by CHDOs which contains the information and authorizations in this sample. The sample resolution should be modified by CHDOs as appropriate to meet the corporate structure of the CHDO.
3. The person attesting to the signing of the resolution cannot be the same person who is authorized to execute documents in the name of the applicant.

EXHIBIT C

SAMPLE GOVERNING BOARD RESOLUTION FOR
CITY/COUNTY ADMINISTERING CHDO APPLICANT'S ACTIVITIES

RESOLUTION NO. _____

THE GOVERNING BOARD OF

(Title of City/County)

HEREBY AUTHORIZES THE ADMINISTRATION OF THE HOME INVESTMENT PARTNERSHIPS PROGRAM AWARD RESULTING FROM THE _____ (NAME OF CHDO) SUBMISSION OF AN APPLICATION TO THE CALIFORNIA STATE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT FOR FUNDING UNDER THE HOME INVESTMENT PARTNERSHIPS PROGRAM; THE EXECUTION OF A STANDARD AGREEMENT IF THE APPLICATION IS SELECTED FOR SUCH FUNDING AND ANY AMENDMENTS THERETO; AND ANY RELATED DOCUMENTS NECESSARY TO PARTICIPATE IN THE HOME INVESTMENT PARTNERSHIPS PROGRAM.

WHEREAS:

- A. _____ (name of City/County), a political subdivision of the State of California, wishes to administer an allocation of funds through the HOME Investment Partnerships Program (hereinafter referred to as "HOME"); and
- B. The California Department of Housing and Community Development (hereinafter referred to as the "Department") has issued a Notice of Funding Availability for the HOME program and is authorized to approve funding allocations which will be made available directly through the U.S. Department of Housing and Urban Development (HUD) to be used for the purposes set forth in Title II of the Cranston-Gonzalez National Affordable Housing Act of 1990, the implementing regulations set forth in Title 24 of the Code of Federal Regulations, part 92, and Title 25 of the California Code of Regulations commencing with section 8200; and

IT IS NOW THEREFORE RESOLVED THAT:

1. The _____ (name of City/County) agrees to participate in the HOME program if awarded a funding allocation for the following activities:
- (briefly describe the proposed activities)
- located in _____
(program location(s))
2. If approved, the _____ (name of City/County) hereby agrees to use the HOME funds for eligible activities in the manner presented in the application as approved by the Department and in accordance with regulations cited above. It also may execute any and all other instruments necessary or required by the Department or HUD for participation in the HOME program.

3. The _____ (name of City/County) authorizes _____ [office or position titles of authorized person(s)] to execute in the name of the _____ (name of City/County), the application, the Standard Agreement, and all other documents required by the Department or HUD for participation in the HOME program, and any amendments thereto.

PASSED AND ADOPTED THIS ____ DAY OF _____, 20____, BY THE FOLLOWING VOTE:

AYES: ____ NAYS: ____ ABSTAIN: ____ ABSENT: ____

The undersigned _____ (title of officer) of the _____ (name of City/County) therefore named does hereby attest and certify that the foregoing is a true and full copy of a resolution of the Governing Board adopted at a duly convened meeting on the date above-mentioned, which has not been altered, amended or repealed.

Signature

Date

NOTES:

1. This is intended to be a sample resolution authorizing the administration of an award of HOME funds as the result of CHDO's application to the Department. A City/County may use its own format if it contains all of the authorizations contained in this sample.
2. The person attesting to the signing of the resolution cannot be the same person who is authorized to execute documents in the name of the applicant.